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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12558

11983

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>G arrett</u>		STATE <u>Maryland</u> COUNTY <u>Montgomery</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Kensington</u>		TOWN <u>158-2</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Oakland</u>		LENGTH OF STAY (In this place) <u>10 days</u>		STREET ADDRESS (If rural give location) <u>4403 Franklin Street</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Garrett County Memorial Hospital</u>							
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <u>Rose</u>		(Middle) <u>Ann Maroney</u>		(Last) <u>Coglan</u>		<u>December 29 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>W</u>	8. DATE OF BIRTH <u>July 27, 1876</u>		9. AGE last birthday <u>79</u> yrs.	IF UNDER 1 YEAR (Month) (Day) (Year) IF UNDER 24 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Michael Maroney</u>				14. MOTHER'S MAIDEN NAME <u>Keef, Bridget</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Bridget C. Maroney, Oakland, Md.</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
IMMEDIATE CAUSE (A) <u>Cerebral Thrombosis</u>				ANTECEDENT CAUSE(S) DUE TO (B) <u>Art. C.V. D.</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				(C) <u>Leukemia</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> Not at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/25</u>, 19<u>55</u>, to <u>12-29</u>, 19<u>55</u>, that I last saw the deceased alive on <u>12-29</u>, 19<u>55</u>, and that death occurred at <u>11:00 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Sharon J. Gushy</u> M.D.				ADDRESS (Street, city, town, state) <u>Oakland Md</u>		DATE SIGNED <u>12/29/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Dec 31-1955</u>		NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		LOCATION (City, town, or county) <u>Md</u>	
24. REC'D BY REGISTRAR <u>Jan 1/56</u>		REGISTRAR'S SIGNATURE <u>James A. Rowan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emory Bolden</u>		ADDRESS <u>Oakland Md</u>	

CERTIFICATE OF DEATH

IN ACCORDANCE WITH THE MARYLAND HEALTH CODE

NAME OF DECEASED	DATE OF DEATH
SEX	AGE
PLACE OF BIRTH	DATE OF BIRTH
EDUCATION	RELIGION
OCCUPATION	CAUSE OF DEATH

DIAGNOSIS	DATE OF EXAMINATION
DATE OF DEATH	DATE OF EXAMINATION
DATE OF DEATH	DATE OF EXAMINATION
DATE OF DEATH	DATE OF EXAMINATION
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DATE OF DEATH	DATE OF EXAMINATION

BUREAU V. S.

JAN 10 1950

RECEIVED

EXPORT/IMPORT

STATE OF MARYLAND DEPARTMENT OF HEALTH
BALTIMORE, MD.
OFFICE OF THE REGISTRAR
1001 E. BALTIMORE AVENUE
BALTIMORE, MD. 21201
TELEPHONE 333-1234
FAX 333-5678
HOURS: 9:00 AM - 5:00 PM
COST: \$10.00
REMARKS: [Faint handwritten notes]

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11984

CERTIFICATE OF DEATH

11979

166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>G ARRETT</u>		MARYLAND		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<u>X</u> TOWN <u>OAKLAND</u>		<u>17 hrs. 20 min.</u>		TOWN <u>MT. LAKE PARK</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>70 GARRETT COUNTY MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>MARY</u> <u>ELEANOR</u> <u>HARVEY</u>				<u>DECEMBER 2</u> <u>1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>F</u>	<u>W</u>	<u>MARRIED</u>	<u>SEPTEMBER 3, 1878</u>	<u>77</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>MERCHANT</u>		<u>STORE</u>		<u>NEW YORK</u>		<u>U.S.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>WILLIAM E. LONDON</u>				<u>SARAH ELLA DINTON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				<u>JANE H. HUMBERTSON MT. LAKE PARK, MD.</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				10. MEDICAL CERTIFICATION			
<u>42011</u> IMMEDIATE CAUSE (A) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Art. C.V. to ?</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				<u>Cardiac Decompensation</u> <u>4 yrs.?</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 2, 1955</u> to <u>Dec 2, 1955</u>, that I last saw the deceased alive on <u>Dec 2, 1955</u>, and that death occurred at <u>6:00 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Thomas J. Cusby</u> M.D.				ADDRESS (Street, city, town, state)		DATE SIGNED	
				<u>Oakland, Md.</u>		<u>12/2/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>12/5/1955</u>		<u>Oakland Cemetery</u>		<u>Oakland, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>12/4/55</u>		<u>Julia A. Rowan</u>		<u>Herbert C. Lighten</u>		<u>Oakland, Md.</u>	

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21. FROM JAG-HYJAN TO TWENTY-THIRD STATE GOVERNOR

RESULTS

100

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100

BUREAU V. S.

DEC 15 1955

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1

INSTRUCTIONS

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VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12559

CERTIFICATE OF DEATH

Reg. Dist. No. 166

11985

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Oakland</u>		<u>75 yrs.</u>		TOWN <u>Oakland</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Weeks Nursing Home</u>				STREET ADDRESS (If rural give location) <u>Third Street</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <u>Edward</u> (Middle) <u>William</u> (Last) <u>Helbig</u>				Dec. 29, 1955			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>White</u>	<u>Widowed</u>	<u>May 25, 1875</u>	<u>80</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Farmer & Dairyman</u>		<u>Own Farm</u>		<u>Maryland</u>		<u>U.S.A.</u>	
13. FATHER'S NAME <u>John Helbig</u>				14. MOTHER'S MAIDEN NAME <u>Mary Brinkman</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>no</u>				<u>Donald E. Helbig</u> <u>Oakland, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>422.1</u>				INTERVAL BETWEEN ONSET AND DEATH <u>26 hrs</u>			
ANTECEDENT CAUSE(S) DUE TO <u>Branch pneumonia</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <u>Arteriosclerosis CVD</u>							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
<u>0</u>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1946</u> , to <u>Dec 29, 1955</u> , that I last saw the deceased alive on <u>29 Dec 55</u> , and that death occurred at <u>7:30 P</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Le E. Mauer</u> M.D.				ADDRESS (Street, city, town, state) <u>Oakland Md</u>		DATE SIGNED <u>30 Dec 55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>1/2/56</u>		<u>Catholic Church Cem.</u>		<u>Oakland, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>1/1/56</u>		<u>Julius A. Rong</u>		<u>Herbert C. Lighton</u>		<u>Oakland, Md.</u>	

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VS AISC 1-55 10A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11980

11986

CERTIFICATE OF DEATH

Reg. Dist. No.

166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>N. Carolina</u> COUNTY <u>Cumberland</u>			
CITY (If outside corporate limits, write RURAL and give nearest town.) OR TOWN <u>Oakland</u>		LENGTH OF STAY (In this place) <u>5 Weeks</u>		CITY (If outside corporate limits, write RURAL and give nearest town.) OR TOWN <u>Fayetteville</u>		<u>70x-3</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Evans Nursing Home</u>				STREET ADDRESS (If rural give location) <u>238 Cool Spring St.</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>William</u>		(Middle) <u>Frederick</u>		(Last) <u>Janoske</u>		(Month) (Day) (Year) <u>Dec. 14, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 13, 1881</u>	9. AGE last birthday <u>74</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles A. Janoske</u>				14. MOTHER'S MAIDEN NAME <u>Caroline Rose Shaffer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>----</u>		17. INFORMANT & ADDRESS <u>Greeley Janoske Oakland, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <u>Acute Myocardial Infarction</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Coronary Vascular Heart Disease</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>with edema</u>						?	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 13, 1955</u> to <u>Dec. 14, 1955</u> , that I last saw the deceased alive on <u>Dec. 13, 1955</u> , and that death occurred at <u>2:45 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Nathaniel Colandrea</u>				DATE SIGNED <u>Dec. 15 55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>12/16/1955</u>		NAME OF CEMETERY OR CREMATORY <u>Red House Cemetery</u>		LOCATION (City, town, or county) (State) <u>Garrett Co., Md.</u>	
24. REC'D BY REGISTRAR <u>12/16/55</u>		REGISTRAR'S SIGNATURE <u>Julia H. Thompson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert C. Leighton</u>		ADDRESS <u>Oakland, Md.</u>	

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH - BALTIMORE

20003201210

*Cent. Hospital
Cent. Hospital
Cent. Hospital*

BUREAU V. S.

DEC 21 1955

RECEIVED

Register

Highland

Dec 13 22

Dec 14 22

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INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11981

11987

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>RURAL OAKLAND MD</u>				TOWN <u>RURAL OAKLAND MD</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>MAGNOLIA</u> (Middle) <u>BALL</u> (Last) <u>KIGHT</u>				(Month) <u>DEC.</u> (Day) <u>11</u> (Year) <u>1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>FEMALE</u>	<u>WHITE</u>	<u>MARRIED</u>	<u>OCT.-8-1879</u>	<u>76</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>HOUSEWIFE</u>				<u>CALHOUN Co. W.VA.</u>		<u>U.S.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>MAC FARLAND BALL</u>				<u>BROWNIE YOK</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				<u>EDWARD KIGHT OAKLAND MD</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
420.1 IMMEDIATE CAUSE (A) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO				<u>sudden</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				<u>3 yrs.</u>			
(B) <u>Myocardial Heart Disease, Chronic</u>				<u>6 yrs.</u>			
(C) <u>Arteriosclerosis</u>							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>13 Sept.</u> , 19 <u>55</u> , to <u>11 Dec.</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10 Dec.</u> , 19 <u>55</u> , and that death occurred <u>10:30 P.</u> M. from the causes and on the date stated above.							
SIGNATURE <u>E. E. Mauser</u>				DATE SIGNED <u>101 Third St., Oakland, Md. 13 Dec '55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>DEC-14-1955</u>		<u>RED HOUSE CEMETERY</u>		<u>RED HOUSE MD.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>12/17/55</u>		<u>Elmer C. Shaffer</u>		<u>Emory Bolden</u>		<u>OAKLAND MD</u>	

FLORIAN - 5/10
JIM - 5/10

1892

MARYLAND
 WHITE
 BARRED
 CALSON CO. W. A.
 BROWN
 F. A. BRIGHT

BUREAU V. S.

DEC 21 1955

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this death certificate assembly should be detached for use as a burial transit permit.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11988

CERTIFICATE OF DEATH

11982

Reg. Dist. No.

1. PLACE OF DEATH COUNTY GARRETT CITY (if outside corporate limits, write RURAL and give nearest town) OR KITZMILLER TOWN				2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY GARRETT CITY (if outside corporate limits, write RURAL and give nearest town) OR KITZMILLER TOWN			
HOSPITAL OR INSTITUTION OR STREET ADDRESS HAZEL STREET				STREET ADDRESS (if rural give location) HAZEL STREET			
3. NAME OF DECEASED (Type or Print) (First) ANTONIO (Middle) - (Last) LASKAS				4. DATE OF DEATH (Month) (Day) (Year) DEC. 20, 1955			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUG. 15, 1883	9. AGE last birthday 72 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if Retired miner)			10b. KIND OF BUSINESS OR INDUSTRY Coal mines		11. BIRTHPLACE (State or foreign country) Shadowa, Russia		12. CITIZEN OF WHAT COUNTRY? Russia ✓
13. FATHER'S NAME unknown				14. MOTHER'S MAIDEN NAME unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. 216-07-5265		17. INFORMANT & ADDRESS U.M.W. of A. Records-Kitzmiller,			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION Ma.		INTERVAL BETWEEN ONSET AND DEATH 2 days	
1142X IMMEDIATE CAUSE (A) Acute Myocardial Infarction							
ANTECEDENT CAUSE(S) DUE TO (B) Coronary Vascular Heart Disease							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) with edema						1 3/4	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> A. <input type="checkbox"/>		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 20, 1955 , to Dec. 20, 1955 , that I last saw the deceased alive on Dec. 20, 1955 , and that death occurred at 11:15 AM from the causes and on the date stated above.							
SIGNATURE Ralph Calabrese				ADDRESS (Street, city, town, state) Kitzmiller		DATE SIGNED Dec. 20, 55	
23. BURIAL, CREMATION, OR OTHER DISPOSITION Burial		DATE THEREOF 12/24/55		NAME OF CEMETERY OR CREMATORY Kalbaugh Cemetery		LOCATION (City, town, or county) (State) Elk Garden, W. Va.	
24. REC'D BY REGISTRAR DATE 12/24/55		REGISTRAR'S SIGNATURE W. Barrick		25. FUNERAL DIRECTOR'S SIGNATURE Blaine, W. Va.		ADDRESS	

ST

11983

MARYLAND STATE DEPARTMENT OF HEALTH

11989

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE PENNA. COUNTY FAYETTE	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN FRIENDSVILLE (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD - WHITE ROCK		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN FARMINGTON (If rural, give location) STREET ADDRESS Rural - 2 miles east.	
3. NAME OF DECEASED (Type or Print) KENNETH (First) HUGH (Middle) LOHR (Last)		4. DATE OF DEATH (Month) Dec (Day) 3 (Year) 1955	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1912
9. AGE last birthday 43 yrs.		10. BIRTHPLACE (State or foreign country) Randolph Co. W. Va.	
11. FATHER'S NAME Oscar Lohr		12. CITIZEN OF WHAT COUNTRY U.S.	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Hellie Dunnington	
15. SOCIAL SECURITY No. 16-14-6770		16. INFORMANT AND ADDRESS Oscar Lohr, Farmington, Pa.	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause Asphyxia - due to aspiration of stomach contents		
(b) Antecedent cause(s) Disease or condition, if any, giving rise to the above cause stating the underlying cause last Cerebral edema - marked		
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	PLACE (Home, farm, factory, street, or office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year, (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE **Thomas J. Gurby M.D.** ADDRESS **Cakland, Md.** DATE SIGNED **3 Dec 55**

DATE OF EXAMINATION **Dec 3, 1955** DATE THEREOF **Dec 3, 1955** NAME OF CEMETERY OR CREMATORY **Sonsan Chapel** LOCATION (City, town, or county) (State) **Farmington Pa.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **Dec 3 1955 - Mr. Ruth Freutz Deputy** 21. FUNERAL DIRECTOR **W. Rodakauer** ADDRESS **Marketburg Pa.**

MARGIN RESERVED FOR BINDING

1. FASE WRIT. PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11984

11990

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		MARYLAND		STATE MARYLAND		COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL end give nearest town)			
X TOWN OAKLAND				TOWN HUTTON		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL				STREET ADDRESS (If rural give location)			
70				1			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) SYLVESTER (Middle) JACOB (Last) MARKLEY				(Month) DEC. 9, 1955 (Day) 9 (Year) 19			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
MALE	WHITE	MARRIED	SEPTEMBER 15, 1872	83 yrs.	Months 2 Days 24	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
RETIRED FOREIGN			TANNERY		Sang Run, Maryland		U S A
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
JACOB MARKLEY				SALLY FRIEND			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS		
					PAUL A. MARKLEY		
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				490X			
IMMEDIATE CAUSE (A) Pneumonia, lobar				1 wk			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST, DUE TO							
(C)							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				Carcinoma of Prostate			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> Not at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 6, 1955, to Dec 9, 1955, that I last saw the deceased alive on Dec 9, 1955, and that death occurred at 6:00 PM, from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
William Harrison, M.D.				TERRA ALTA, W. VA.		12/10/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
BURIAL		DEC. 12, 1955		TAYLOR SINES		near SANG RUN, MD.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 12/11/55		Julia A. Rowan		TERRA ALTA, W. VA.			

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 14 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A19C 1-55 10M

U. S.

1955

RECEIVED

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11991

CERTIFICATE OF DEATH

11985
166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		MARYLAND		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>OAKLAND</u>		LENGTH OF STAY (in this place) <u>13 ACULS.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>FRL. LSVILLE</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSP.</u>				STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>POSIE</u> <u>MAY</u> <u>MC CROBIE</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 11, 1955</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 3, 1888</u>	9. AGE last birthday <u>67</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>SANG RUN, MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>STEPHEN DE WITT</u>				14. MOTHER'S MAIDEN NAME <u>JENNIE RODEHEAVER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>DR. JOSEPH MC CROBIE, FRL. LSVILLE, MD</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <u>Cardiac Failure - Terminal</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Lymphadenopathy C.U.</u>						<u>10 Wks</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10 Dec, 1955</u> to <u>11 Dec, 1955</u> that I last saw the deceased alive on <u>11 Dec, 1955</u> and that death occurred at <u>2:28</u> M, from the causes and on the date stated above. SIGNATURE <u>A.S. Mance</u> M.D. <u>Oakland Md</u> DATE SIGNED <u>11 Dec 55</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF		NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEMETERY</u>		LOCATION (City, town, or county) (State) <u>NEAR SANG RUN MD.</u>	
24. REC'D BY REGISTRAR <u>12/13/55</u>		REGISTRAR'S SIGNATURE <u>Julius A Rowan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry Bolden</u>		ADDRESS <u>OAKLAND MD.</u>	

U.S. DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D.C.

11992 CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		STATE <u>Maryland</u> COUNTY <u>Garrett</u>		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
OR TOWN <u>Rural - Frostburg</u>		LENGTH OF STAY (in this place) <u>life</u>		OR TOWN <u>Rural - Frostburg</u>		STREET ADDRESS (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rural - Frostburg</u>							
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <u>JAMES</u> (Middle) <u>RICHARD MC</u> (Last) <u>KENZIE</u>				Dec. <u>24</u> , 19 <u>55</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widower</u>	8. DATE OF BIRTH <u>4-15-1871</u>	9. AGE last birthday <u>84</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Jacob Mc Kenzie</u>				14. MOTHER'S MAIDEN NAME <u>Fanny Christner</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT & ADDRESS <u>Clarence McKenzie, Frostburg, Md.</u>			
(If Yes, give war or dates of service)							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <u>arterio-sclerotic cardiac</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>vascular disease</u>						<u>10 y. 5.</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Serious</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-1</u> , 19 <u>55</u> , to <u>12-24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-24</u> , 19 <u>55</u> , and that death occurred at <u>11:45 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>J. R. Durst</u>				ADDRESS (Street, city, town, state) <u>Frostburg, Md.</u> DATE SIGNED <u>12/25/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>12-27-1955</u>		NAME OF CEMETERY OR CREMATORY <u>St. Ann's Cemetery</u>		LOCATION (City, town, or county) (State) <u>Garrett County, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Mrs. Nancy H. Roe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. R. Durst</u>		ADDRESS <u>Frostburg, Md.</u>	
DATE <u>12-27-55</u>							

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

37

9

1000

11993 **CERTIFICATE OF DEATH**

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		MARYLAND		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL or and give nearest town) <u>OAKLAND</u>		LENGTH OF STAY (In this place) <u>3 Hrs. 35 Min.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>LT. LAKE PARK, MARYLAND</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>EVA</u> (First) <u>MICKEY</u> (Middle) (Last)				4. DATE OF DEATH 12 5 1955 (Month) (Day) (Year)			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>9-9-1882</u>		9. AGE last birthday <u>73</u> yrs.	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Nelsonville, Ohio</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Frank K. Boring</u>				14. MOTHER'S MAIDEN NAME <u>Addie Greathouse</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>JOHN W. BORING, LT. LAKE PARK MD.</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>260X</u> IMMEDIATE CAUSE (A) <u>Chronic Congestive Heart Failure</u> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <u>Diabetes Mellitus</u> (C)				<u>3 weeks</u>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				<u>?</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of injury street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 9</u> , 19 <u>54</u> , to <u>Dec 5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec 5</u> , 19 <u>55</u> , and that death occurred at <u>8:50 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>E. S. Baumgartner</u> M.D.				ADDRESS (Street, city, town, state) <u>13200 5th Oakland Md 12/5/55</u> DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>12/8/55</u>		NAME OF CEMETERY OR CREMATORY <u>Bayard</u>		LOCATION (City, town, or county) (State) <u>Bayard, W. Va.</u>	
24. REC'D BY REGISTRAR <u>12/7/55</u> DATE		REGISTRAR'S SIGNATURE <u>Julia A. Rowen L.R.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emory Bolden</u>		ADDRESS <u>Oakland, Md.</u>	

INSTRUCTIONS.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

131

U.S. AIR FORCE

10/1/51

RECEIVED

10/1/51

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11994 **CERTIFICATE OF DEATH**

12566

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>OAKLAND</u>		<u>22 DAYS</u>		TOWN <u>CRELLIN</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSP.</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>MARTHA ELLA MOATS</u>				<u>DECEMBER 31, 1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
<u>FEMALE</u>	<u>WHITE</u>	<u>MARRIED</u>	<u>MARCH 28, 1896</u>	<u>59</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>HOUSEWIFE</u>				<u>WEST VIRGINIA</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>JOHN MORGAN MOATS</u>				<u>ANNIE SHIPP</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				<u>AMOS MOATS, CRELLIN, MARYLAND</u>			
18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				19. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>Cerebro-vascular Accident</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>			
ANTECEDENT CAUSE(S) DUE TO (B) _____							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) _____							
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
21a. DATE OF OPERATION		21b. MAJOR FINDINGS OF OPERATION		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-28</u>, 19<u>55</u>, to <u>12-31</u>, 19<u>55</u>, that I last saw the deceased alive on <u>12-30</u>, 19<u>55</u>, and that death occurred at <u>1:05 A.</u> from the causes and on the date stated above.							
SIGNATURE <u>Thomas J. Lundy</u>				DATE SIGNED <u>12/31/55</u>			
ADDRESS (Street, city, town, state)							
<u>Oakland Md</u>							
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>JAN-2-1956</u>		<u>AURORA CEMETERY</u>		<u>AURORA W.V.A.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>Jan 2/56</u>		<u>Julia C. Rowan</u>		<u>Emory Bolden</u>		<u>OAKLAND MD.</u>	



1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11988

11995

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Bloomington</u>		<u>75 yrs</u>		TOWN <u>Bloomington</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>Charles Daley Moorehead</u>				<u>Dec 20 1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>white</u>	<u>married</u>	<u>June 4, 1880</u>	<u>75</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Miner-retired</u>		<u>Coal -</u>		<u>W. Va.</u>		<u>U.S.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Robert Moorehead</u>				<u>Mary Shanholtz</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>NO</u>		<u>236-03-3985</u>		<u>Bloomington Md.</u> <u>Mrs. Fannie Moorehead,</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
401A IMMEDIATE CAUSE (A)				<u>Coronary Thrombosis</u>			
ANTECEDENT CAUSE(S) DUE TO				<u>Angiocarditis</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST, DUE TO							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
				YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/15</u> , 19 <u>55</u> , to <u>12/20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12/20</u> , 19 <u>55</u> , and that death occurred at <u>6:00</u> A.M., from the causes and on the date stated above.							
SIGNATURE <u>P. Berry</u>				ADDRESS (Street, city, town, state) <u>M.D. Piedmont, W. Va.</u>			
				DATE SIGNED <u>12/20/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>12/22/55</u>		<u>Philes Cemetery</u>		<u>Westernport, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>12-20-55</u>		<u>Dorsey Lathson</u>		<u>W. Harold Fredlock</u>		<u>Piedmont, W. Va.</u>	

VS A15C 1-55 10M

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

INSTRUCTIONS

BUREAU V. S.

DEC 10 1955

RECEIVED

1 TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11996

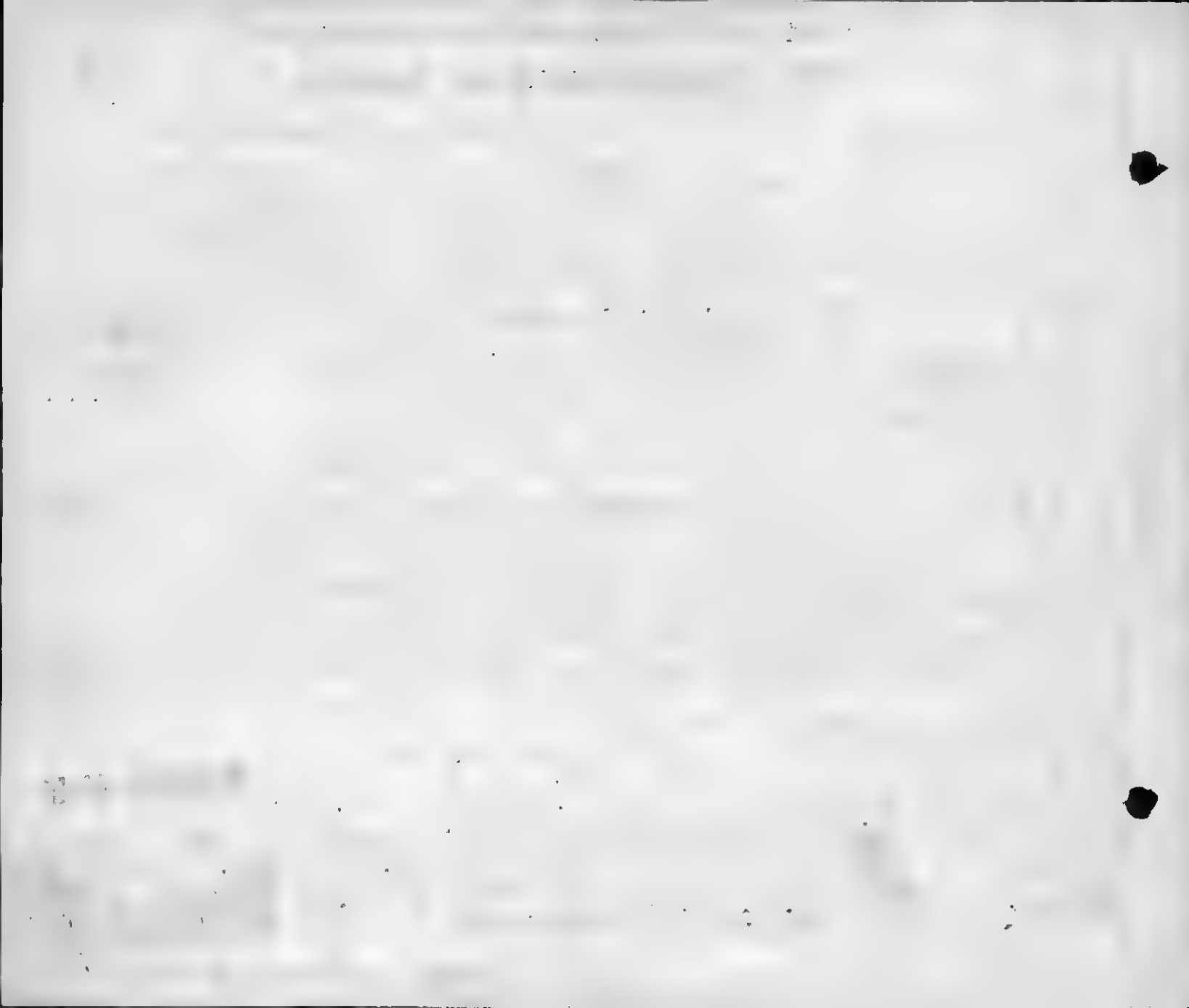
CERTIFICATE OF DEATH

12561

166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTRY <u>GARRETT</u>		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>OAKLAND</u>		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>OAKLAND</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location) <u>112 LIBERTY ST. N.E.</u>			
3. NAME OF DECEASED (Type or Print) <u>JANE M. Edgar PECK</u>				4. DATE OF DEATH (Month) <u>DECEMBER</u> (Day) <u>23</u> (Year) <u>1955</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 21, 1886</u>	9. AGE last birthday <u>69</u> yrs.	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JOHN EDGAR</u>				14. MOTHER'S MAIDEN NAME <u>BOWMAN, SUSAN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>JOSEPH PECK, 112 LIBERTY ST, OAKLAND</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>Cerebral Thrombus</u>							
IMMEDIATE CAUSE (A) <u> </u>							
ANTECEDENT CAUSE(S) DUE TO <u>Hypertension and Arteriosclerosis</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO <u> </u>							
STATING UNDERLYING CAUSE LAST, DUE TO (C) <u> </u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 17, 1955</u> , to <u>Dec. 23, 1955</u> , that I last saw the deceased alive on <u>Dec. 22, 1955</u> , and that death occurred at <u>3:24 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>E. S. Baumgartner</u>				ADDRESS (Street, city, town, state) <u>25 Alder St., Oakland, Md.</u>		DATE SIGNED <u>12/23/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>DEC 26-1955</u>		NAME OF CEMETERY OR CREMATORY <u>THAYERVILLE</u>		LOCATION (City, town, or county) (State) <u>NEAR MC HENRY, MD.</u>	
24. REC'D BY REGISTRAR DATE <u>Dec 26/55</u>		REGISTRAR'S SIGNATURE <u>Julius R. Rouse</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emory Bolden</u>		ADDRESS <u>OAKLAND MD.</u>	



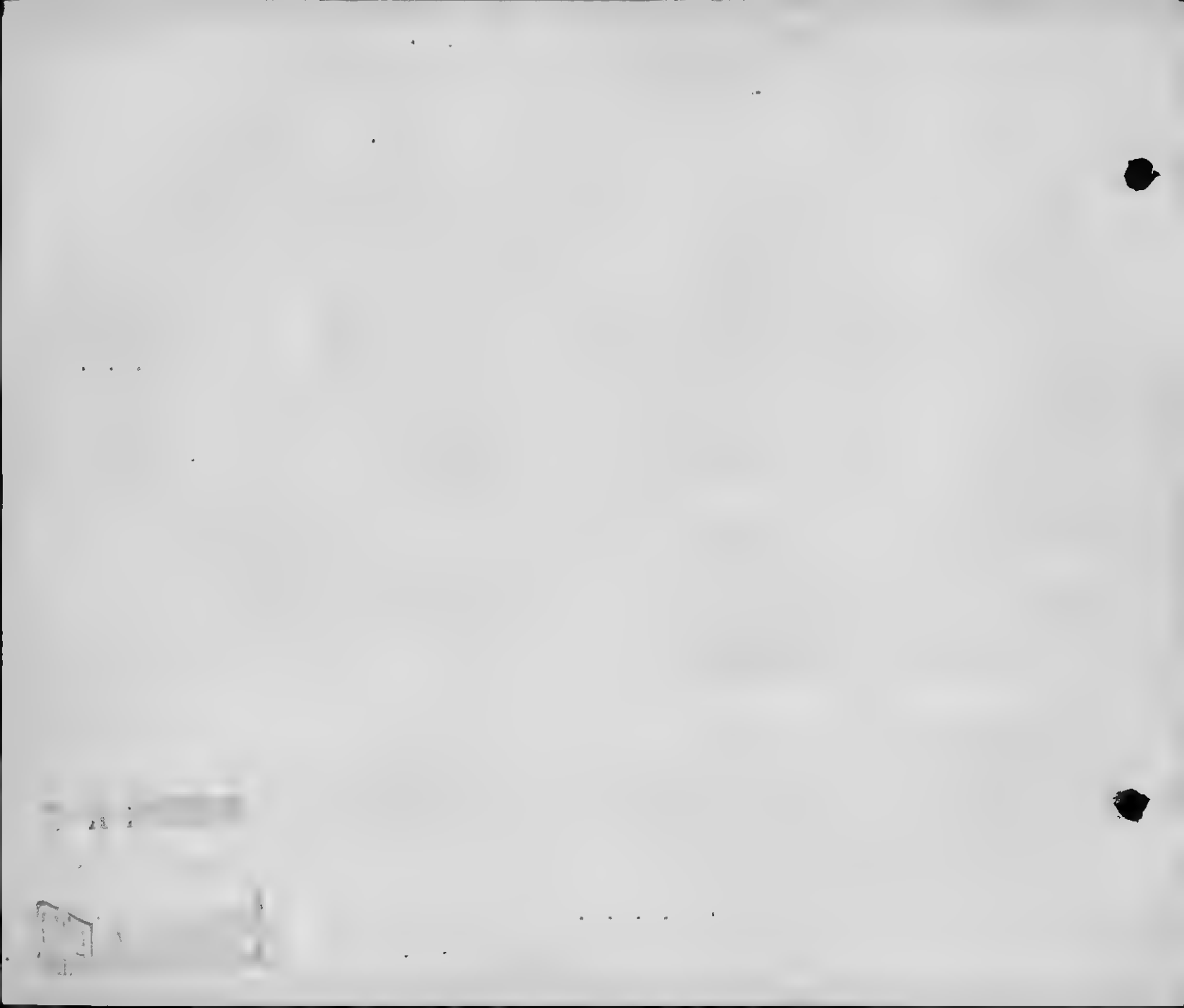
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11997
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11989
Reg. Dist.

No. 172

1. PLACE OF DEATH: COUNTY Garrett MARYLAND CITY (If outside corporate limits, write RURAL OR specify nearest town) Kitzmiller LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac River Bank				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.Va. COUNTY Mineral CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Potomac Manor STREET ADDRESS (If rural, give location) ✓			
3. NAME OF DECEASED: (First) CONSTANTINE (Middle) (Last) RAD				4. DATE OF DEATH December 16 1955 (Month) (Day) (Year)			
5. SEX: MALE		6. COLOR OR RACE: WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED		8. DATE OF BIRTH: MAY 21, 1887	
9. AGE last birthday: 68 yrs.		10. KIND OF BUSINESS OR INDUSTRY: Coal Mines		11. BIRTHPLACE (State or foreign country): Rumanian		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired miner				10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines			
13. FATHER'S NAME: unknown				14. MOTHER'S MAIDEN NAME: unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)				16. SOCIAL SECURITY No.: 234-03-1413		17. INFORMANT & ADDRESS: United Mine Workers of A. Records	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) Accident due to freezing. DUE TO Antecedent cause(s) (b) Over exposure. Diseases or conditions, if any, giving rise to the above cause, stating underlying cause last (c) Acute alcoholism. DUE TO							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION: Dec. 16, 1955				19b. MAJOR FINDING OF OPERATION:			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office, bldg., etc.) River Bank		21c. (City or town) Kitzmiller (County) Garrett (State) Maryland		21d. TIME (Month) Dec. (Day) (Year) (Hour) 16, 1955 M.	
21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell and froze to death from exposure					
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <i>E. J. Baumgardner</i> CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED 12/19/55 M. D. DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>							
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 12/22/55		NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		LOCATION (City, town, or county) (State) Elk Garden, Mineral, W.Va.	
DATE REC'D BY LOCAL REG. 12/24/55		REGISTRAR'S SIGNATURE <i>W. H. Harnock</i>		24. FUNERAL DIRECTOR <i>W. H. Harnock</i> ADDRESS Blaine, W.Va.			



1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1998 CERTIFICATE OF DEATH

Reg. Dist. No. 11990 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		STATE <u>Maryland</u> COUNTY <u>Allegany</u>		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
OR TOWN <u>Oakland</u>		LENGTH OF STAY (in this place) <u>2 weeks</u>		OR TOWN <u>Cumberland</u>		OR TOWN <u>0107</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Evans Nursing Home</u>				STREET ADDRESS (If rural give location) <u>632 Fayette St.</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>MARY</u>		(Middle) <u>ANN</u>		(Last) <u>RIZER</u>		(Month) <u>Dec.</u> (Day) <u>5,</u> (Year) <u>1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 3, 1880</u>	9. AGE last birthday <u>75</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Frostburg, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Frederick Rowe</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Evans</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>Harry F. Rizer, Cumberland, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>Acute Myocardial</u>				INTERVAL BETWEEN ONSET AND DEATH <u>500, 2</u>			
ANTECEDENT CAUSE(S) DUE TO (B) _____							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) _____							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Generalized Arteriosclerosis</u>							
19a. DATE OF OPERATION <u>7</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) _____		21c. WHERE DID INJURY OCCUR? (City or town) _____ (County) _____ (State) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov 23, 1955</u> to <u>Dec 5, 1955</u> that I last saw the deceased alive on <u>Dec 4</u> 1955 and that death occurred at _____ M. from the causes and on the date stated above. SIGNATURE <u>William H. Kight</u> M.D. <u>William H. Kight</u> DATE SIGNED <u>12/6/55</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Dec. 7, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Hill Crest Cemetery</u>		LOCATION (City, town, or county) <u>Cumberland, Md.</u> (State) _____	
24. REC'D BY REGISTRAR <u>12/6/55</u>		REGISTRAR'S SIGNATURE <u>Julia Howan LP</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William H. Kight, Cumberland, Md.</u> ADDRESS _____			

111

U. S. V. 8

TO 17 1955

RECEIVED

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11999

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Barrett</u>		MARYLAND		STATE <u>Ind.</u>		COUNTY <u>Alleghany</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Int. Lake Park</u>		<u>1 month</u>		TOWN <u>Cumberland</u>		<u>01-0000</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Kiser Nursing Home</u>				STREET ADDRESS (If rural give location) <u>505 Central Ave</u>			
3. NAME OF DECEASED (Type or Print) <u>Eleanor K SENKBEIL</u>				4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>28</u> (Year) <u>1955</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Marr.</u>	8. DATE OF BIRTH <u>2/12/1890</u>	9. AGE last birthday <u>65</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Henry Smith</u>				14. MOTHER'S MAIDEN NAME <u>Emma Hammon</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>Arbatus Senkheil - Cumberland</u>			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <u>Heart Failure</u>						<u>Four Hours</u>	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (B)							
DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Diabetes Mellitus</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/30</u> , 19 <u>53</u> , to <u>12/28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12/23</u> , 19 <u>55</u> , and that death occurred at <u>11 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Thomas E. Lushy</u> M.D.				ADDRESS (Street, city, town, state) <u>Cahland, Md</u>		DATE SIGNED <u>12/28/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>12/31/55</u>		NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran</u>		LOCATION (City, town, or county) (State) <u>Cumberland Md</u>	
24. REC'D BY REGISTRAR <u>12/31/55</u>		REGISTRAR'S SIGNATURE <u>Julius A. Rowan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Stein, Inc.</u>		ADDRESS <u>Cumberland</u>	

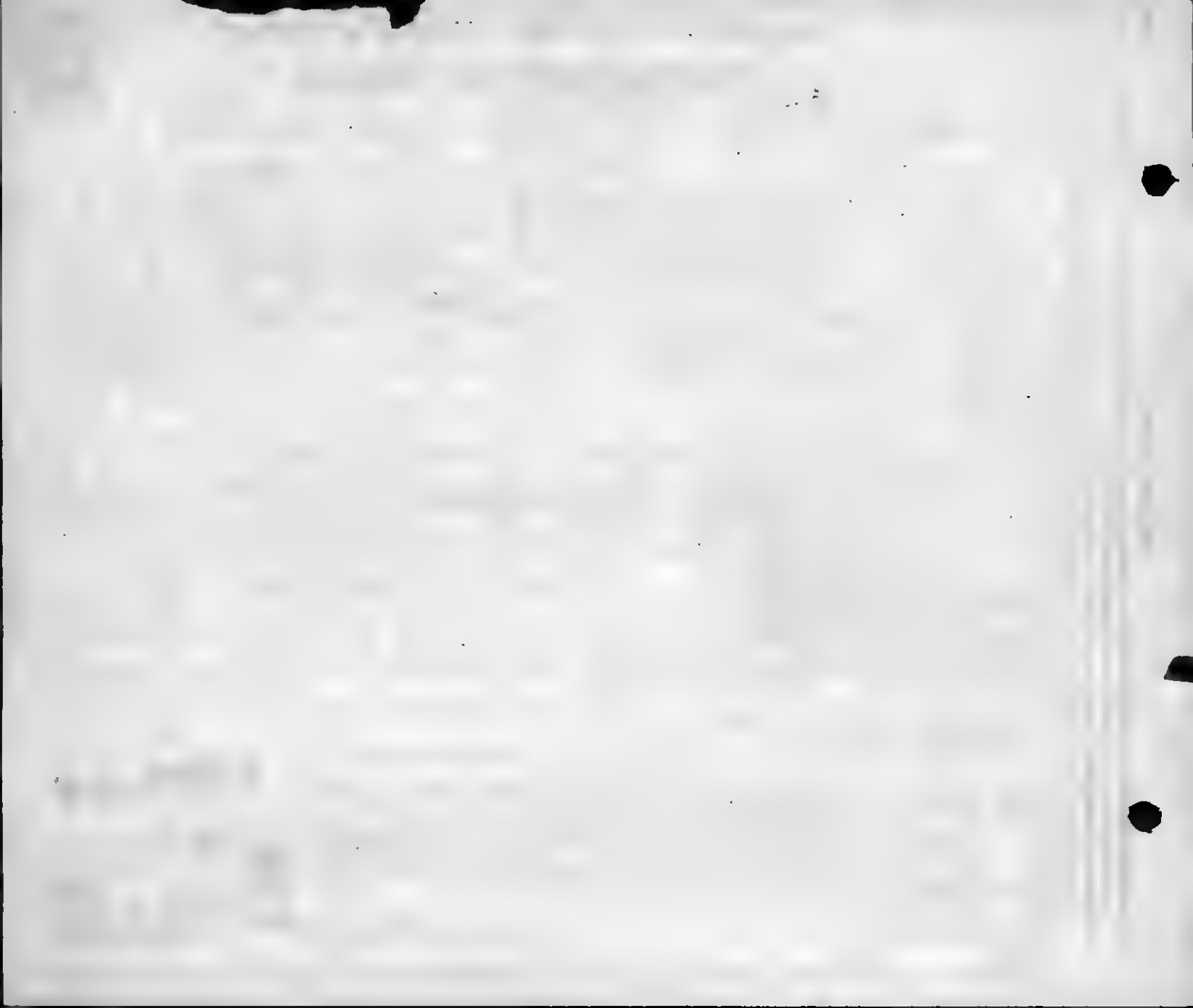
INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M



1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11991

12000

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY GARRETT	MARYLAND	STATE MD	COUNTY GARRETT.
CITY (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (if outside corporate limits, write RURAL and give nearest town)	
X TOWN OAKLAND		TOWN OAKLAND	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (if rural give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) ROBERT (Middle) ELMER (Last) SHAFFER		(Month) DEC. (Day) 9 (Year) 1955	
5. SEX	6. CO. OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
MALE	WHITE	SINGLE	JUNE-13-1955
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		TURNER DUGLAS W.VA.	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
ROBERT SHAFFER		MINNIE MAULE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		ROBERT SHAFFER CRELLIN MD.	
17. INFORMANT & ADDRESS			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		10 minutes	
2. IMMEDIATE CAUSE (A) Aspiration of Vomitus			
3. ANTECEDENT CAUSE(S) DUE TO (B) Chronic Bronchitis, mild		24 hrs	
4. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-11 , 19 55 , to 12-8 , 19 55 , that I last saw the deceased alive on 12-8 , 19 55 , and that death occurred at 8:30 A.M. from the causes and on the date stated above.			
SIGNATURE Sam H. Jester, M.D.		DATE SIGNED DEC 11 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	DEC-11-1955	OAKLAND CEMETERY	OAKLAND MD.
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
12/11/55	Julia Rowan R.P.	Emory Bolden	OAKLAND MD.

BUREAU V.

DEC

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

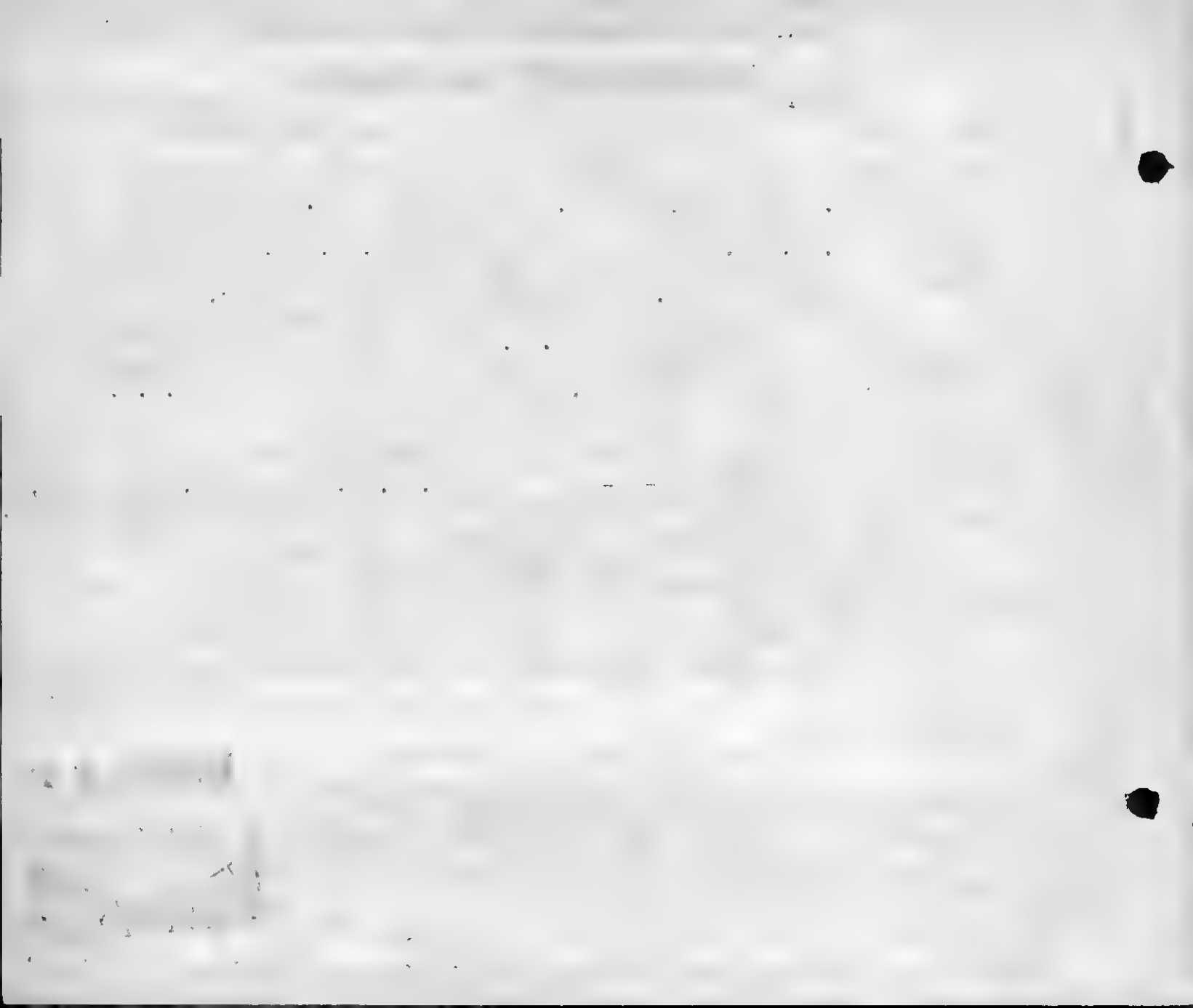
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12001

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		STATE <u>Maryland</u> COUNTY <u>Garrett</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Mt. Lake Park</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Mt. Lake Park</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Mt. Lake Park</u>		LENGTH OF STAY (in this place) <u>17 yrs.</u>		TOWN <u>Rural Mt. Lake Park</u>		STREET ADDRESS (If rural give location) <u>2 Mi. S. Mt. Lake Park</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>2 Mi. S. Mt. Lake Park</u>				STREET ADDRESS <u>2 Mi. S. Mt. Lake Park</u>			
3. NAME OF DECEASED (First) <u>Kenneth</u> (Middle) <u>N.</u> (Last) <u>Swick</u>				4. DATE OF DEATH (Month) <u>Dec.</u> (Day) <u>31</u> (Year) <u>1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 7, 1867</u>	9. AGE last birthday <u>88</u> yrs.	IF UNDER 1 YEAR (Months) <u> </u> (Days) <u> </u>		IF UNDER 24 HRS. (Hours) <u> </u> (Min.) <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Track Foreman Railroad Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>West Virginia</u>		11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Nimrod Swick</u>				14. MOTHER'S MAIDEN NAME <u>Jane Thorn</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u> (If Yes, give war or dates of service) <u> </u>		16. SOCIAL SECURITY NO. <u>----</u>		17. INFORMANT & ADDRESS <u>Mrs. J. B. King Mt. Lake Park,</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> Md.	
IMMEDIATE CAUSE (A) <u>Art. C. V. D.</u>				ANTECEDENT CAUSE(S) DUE TO <u>with Heart Failure</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) <u> </u>				DUE TO (C) <u> </u>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Chronic Bronchitis & Emphysema</u>							
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21b. PLACE (Home, farm, lecture, of INJURY street, office bldg., etc.) <u> </u>		21c. WHERE DID INJURY OCCUR? (City or town) <u> </u> (County) <u> </u> (State) <u> </u>			
21d. TIME OF INJURY (Month) <u> </u> (Day) <u> </u> (Year) <u> </u> (Hour) <u> </u> (Min.) <u> </u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>			
22. I hereby certify that I attended the deceased from <u>2:00 P.M.</u> 19 <u>Oct.</u> 19 <u>55</u> , to <u> </u> 19 <u> </u> , that I last saw the deceased alive on <u> </u> 19 <u> </u> , and that death occurred at <u>2:00 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>James E. Swick</u> M.D.				ADDRESS (Street, city, town, state) <u>Cabland Md</u>		DATE SIGNED <u>1/2/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1/3/1956</u>		NAME OF CEMETERY OR CREMATORY <u>King Cemetery</u>		LOCATION (City, town, or county) <u>Near Mt. Lake Park, Md.</u> (State) <u> </u>	
24. REC'D BY REGISTRAR <u> </u>		REGISTRAR'S SIGNATURE <u>Herbert C. Reighton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u> </u>		ADDRESS <u>Oakland, Md.</u>	



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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12002

CERTIFICATE OF DEATH

Reg. Dist. No.

11992
(11992)
166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		STATE <u>Maryland</u> COUNTY <u>Garrett</u>		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		OR TOWN <u>Oakland</u>		OR TOWN <u>Oakland</u>	
X TOWN <u>Rural Deer Park</u>		<u>1 month</u>		STREET ADDRESS		(If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		<u>2 Ml. S. Deer Park</u>		<u>Eighth Street</u>		<u>1</u>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Luther</u>		(Middle) <u>Sherman</u>		(Last) <u>Warnick</u>		(Month) (Day) (Year)	
<u>Dec. 4,</u>		<u>19 55</u>					
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>White</u>	<u>Widowed</u>	<u>Sept. 21, 1885</u>	<u>70</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Blacksmith</u>		<u>Roads Garage</u>		<u>Maryland</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Bouse Warnick</u>				<u>Clarcie Beaver</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>no</u>		<u>219-14-6781</u>		<u>Luther Warnick, Deer Park, Md.</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A)						INTERVAL BETWEEN ONSET AND DEATH	
<u>Acute Myocardial Infarction</u>							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST.							
UNDERLYING CAUSE LAST.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
<u>Dec 4, 1955</u>		<u>Coronary Artery Disease with edema</u>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, lecture, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
<u>Dec 4, 1955</u>		<u>2:45A</u>		<u>Heart attack</u>			
22. I hereby certify that I attended the deceased from <u>Sept 1, 1955</u>, to <u>Dec 4, 1955</u>, that I last saw the deceased alive on <u>Dec 4, 1955</u>, and that death occurred at <u>2:45A</u> M, from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
<u>Ralph Calandrella</u>				<u>Kitzmiller, Md</u>		<u>Dec 5 - 55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>12/6/1955</u>		<u>Turner Cemetery</u>		<u>Garrett Co., Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>12/5/55</u>		<u>Julia C. Rawson</u>		<u>Harbert C. Redington</u>		<u>Oakland, Md.</u>	

1992-1993

480-17 480-18

BUREAU V. S.

DEC 15 1955

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11993

12003

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Barrett</i>		MARYLAND		STATE <i>W. Va.</i>		COUNTY <i>Preston</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>X Oakland</i>		LENGTH OF STAY (in this place) <i>1 1/2 mos</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>CRANESVILLE</i>		<i>85X-3</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>70 Weeks Nursing Home</i>				STREET ADDRESS (If rural give location) <i>WVA</i>			
3. NAME OF DECEASED (Type or Print) <i>ABRAHAM</i> (First) <i>WILHELM</i> (Middle) (Last)				4. DATE OF DEATH (Month) <i>Dec</i> (Day) <i>5</i> (Year) <i>1955</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		8. DATE OF BIRTH <i>AUG 27 1893</i>		9. AGE last birthday <i>93 yrs</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CARPENTER</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>CRANESVILLE, WVA</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>JONATHAN WILHELM</i>				14. MOTHER'S MAIDEN NAME <i>NOT KNOWN</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT & ADDRESS <i>BERLIN WILHELM</i>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <i>Heart Failure</i>						<i>4 or 5 minutes</i>	
ANTECEDENT CAUSE(S) DUE TO (B) <i>Hypertensive + arteriosclerotic</i>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <i>cardiovascular disease</i>						<i>years</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Senility - chronic cystitis</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>10-21, 1955</i>, to <i>12-5, 55</i>, that I last saw the deceased alive on <i>12-5, 1955</i>, and that death occurred at <i>2:05 PM</i>, from the causes and on the date stated above.							
SIGNATURE <i>Thomas A. Gushy</i> M.D.				ADDRESS (Street, city, town, state) <i>Oakland, Md</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>REMOVAL</i>				DATE THEREOF <i>12/8/55</i>		NAME OF CEMETERY OR CREMATORY <i>CRANESVILLE</i>	
24. REC'D BY REGISTRAR <i>Julius A. Rowan</i>				REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <i>HL BROWNING</i>	
DATE <i>12/7/55</i>				ADDRESS <i>WVA</i>			

Handwritten signature: *James M. Smith*

DEC 15 1955

DEC 10 1966

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